



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

SPECIAL EVENT SERVICES PERMIT

You must hold a valid Maine license in order to obtain a Special Event Services Permit

Do not return the following 3 informational pages with your application; they are for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579
TTY users call Maine relay 711
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

APPLICATION INSTRUCTIONS SPECIAL EVENT SERVICES PERMIT

Notice: Pursuant to 32 MRS §14203(2)(J). Special Events Services

“A licensee may not perform barbering or cosmetological services at a special event without first having obtained a special event services permit from the Director. Each individual licensee who desires to perform services at a special event shall individually apply for a special event services permit.”

YOU CAN RECEIVE YOUR PERMIT INSTANTLY BY APPLYING ONLINE AT THE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION’S ONLINE APPLICATION PORTAL VIA THE FOLLOWING LINK:

www.maine.gov/professionallicensing

APPLICATION PROCEDURE:

Complete the application for Special Event Services Permit and submit it to the Maine Barbering and Cosmetology Licensing Program along with the required fees.

The Barbering & Cosmetology Licensing Program requires that all supporting documents and fees be submitted with the filing of your application. All fees are non refundable. **Your application will be considered incomplete if your supporting documents and/or fees are omitted. An application that remains incomplete for more than sixty (60) days will become null and void regardless that you hold a temporary license, if applicable.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

- ✓ Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application’s progress in real time. If the status appears as “PENDING”, this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the permit will be issued. The status online will show as “ACTIVE”. If your application is incomplete, a letter will be mailed to you.
- ✓ **Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications.**

The Office no longer prints licenses or permits. You will be notified by email from noreply@maine.gov using the email address you provide on this application. A copy of your permit will be attached to that email. (a paper permit will not be sent by regular mail).

NOTICES:

10 Day Notification Requirement

Pursuant to 10 MRS §8003-G, any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

LAWS AND RULES:

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

All relevant laws and rules are accessible from this web page.

Title 5 Administrative Procedures and Services Chapter 341

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

Title 10 Department of Business Regulation Law §§8001-8011

<http://legislature.maine.gov/statutes/10/title10ch901sec0.html>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the websites listed above to access these documents electronically. These documents may be subject to change without notice and it is advised that you periodically revisit these sites for any updates.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8579 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes but you will not leave with a permit.
- **Can I come to Gardiner to pick up my license?** No. Your permit will be e-mailed to you. IF YOU APPLY ONLINE, YOUR PERMIT WILL BE SENT TO YOU INSTANTLY.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES:

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME OF LICENSEE *FIRST* *MIDDLE INITIAL* *LAST*

NAME OF SPECIAL EVENT

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL (Your permit will be emailed)

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

→ **SIGNATURE** **DATE**

Barbering and Cosmetology Licensing Program
Special Event Services Permit
Aesthetician, Barber, Limited Barber, Cosmetologist or Nail Technician
Required Fee: \$10.00 (Non-Refundable)

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

SE 1441 - \$10.00

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit or debit card, please fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD ☐ DISCOVER the following amount: \$ _____

☐ I understand that fees are non-refundable

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date *mm / yyyy*

→ **SIGNATURE** **DATE**

SECTION 1: APPLICANT'S LICENSE (ref. Board Rules Chapter 28(3))

Current License Information: Current License Information: You must hold a current license to practice in Maine in order to apply for the Special Event Services Permit. Please list any other practice license(s) that are relevant to this special event :

License Type _____ License Number _____

Expiration Date _____

License Type _____ License Number _____

Expiration Date _____

License Type _____ License Number _____

Expiration Date _____

Contact Telephone

()

Email Address

SECTION 2: SPECIAL EVENT INFORMATION (ref. Board Rules Chapter 28(1))

TYPE OF EVENT (Check one)

- ☐ Birthday
- ☐ Bachelor/Bachelorette Party
- ☐ Exhibition
- ☐ Family Reunion
- ☐ Fundraising Event
- ☐ Spa
- ☐ Trade Show
- ☐ Wedding
- ☐ Other Event Type: _____

Description of Event

Physical Location of Special Event (This address will be displayed on the State's Web Site. Note that only the city, state and zip of an address will be displayed)

City

State

Zip Code

Start Date of Special Event

End Date of Special Event

mm / dd /yyyy

mm / dd /yyyy

SECTION 3: AFFIRMATION STATEMENTS

I agree as a licensed practitioner of the Barbering and Cosmetology Licensing Program and an applicant for a special event services permit to:

- ☐ Perform only the services that fall within the scope of practice of the license I hold as described in Program Rules and comply with the laws and rules governing the practice of barbering and cosmetology, all public health and safety requirements, and all federal, state and local laws (ref. Chapter 28, Section 4))
- ☐ Comply with the practice standards and requirements relating to sanitation, safety and infection control contained in the Barbering and Cosmetology Licensing Program Rules (ref. Chapter 28, Section 5))
- ☐ Carry my practice license and special event services permit (or confirmation that the permit was issued) to a special event at which the licensee is performing services and shall produce the license and permit upon request (ref. Chapter 28, Section 6))
- ☐ Provide the following written notice to each client I provide services to at the event (ref. Chapter 28 Section 7)

All aestheticians, barbers, limited practice barbers, cosmetologists and nail technologists shall be licensed by the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to perform services in the State of Maine. A licensee who performs services at a special event shall make available his or her practice license and special event services permit upon request.

A client who receives services at a special event may file a complaint against a licensee online at www.maine.gov/professionallicensing or by letter addressed to:

Office of Professional and Occupational Regulation
Barbering and Cosmetology Licensing Program
Complaint Office
35 State House Station, Augusta, ME 04333

SECTION 4: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

I verify that I have read all of the Maine Barbering & Cosmetology Licensing Programs Laws and Rules, including Chapter 26 which describes the safety and sanitation requirements.

REMINDER: YOU WILL RECEIVE YOUR PERMIT INSTANTLY BY APPLYING ONLINE AT THE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION'S ONLINE APPLICATION PORTAL VIA THE FOLLOWING LINK:

www.maine.gov/professionallicensing

Please submit your application as early as possible to allow adequate time for your permit approval. You may not perform services at an event until this office has issued your permit.

Printed Name of Applicant	
Signature of Applicant	Date
	